

306562

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from Stateline Medical
Transportation, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2022 - 133 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Demonica Dunifer

Telephone: 803-519-7177

Address: P.O. Box 1442
Fort Mill SC 29716

Fax:

Other:

Email: Statelinemt22@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED

MAR 31 2022

PSC SC
MAIL / DMS

j

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING - 2022 April 4 10:30 AM - SC PSC - 2022-133-T - Page 1 of 20

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 03/21/2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Stateline Medical Transportation, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

819 Abilene, Fort Mill, South Carolina 29715

Street Address of Applicant

PO Box 1442, Fort Mill South Carolina 29716

Mailing Address of Applicant (if different from street address)

(803) 519-7177

Phone

Fax

statelinemt22@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$ 0	Mortgage/Loan on Real Estate	\$ 0
Value of Motor Vehicles	\$ 7,000	Loans Owed on Motor Vehicles	\$ 0
Cash on Hand	\$ 0	Business/Other Loans Owed	\$ 0
Cash in Bank	\$ 0	Other Liabilities or Debts	\$ 0
Value of Other Assets and Equipment	\$ 300	Total Liabilities	\$ 0
Total Assets	\$ 7,300		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$ 30 one way
 \$ 60 round trip
 \$ 70 after hours, round trip (M-F after 6pm)
 \$ 80 weekends
 additional \$ 2 per mile after 10 miles

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2006 Caravan	1D4GP24R96B534807	5000 lbs	yes

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Demonica Dunifer

Name of Applicant

PO Box 1442, Fort Mill SC 29716

Address of Applicant

Amount of Premium:

Liability Insurance \$ *648.67/month - \$7,784.04/year*

The above quoted premium is for a term of *12* months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

bi BerK

Name of Insurance Company

PO Box 3300, Kingston, PA

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Demonica Dunifer

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Damonica Dymally
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF York)
This 21st day of March, 2022
Adita Michelson
Notary Public
Commission Expires October 9, 2024

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Stateline Medical Transportation, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 17th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 17th day
of March, 2022.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 220317-2122270

Filing Date: 03/17/2022

Mar 17 2022
REFERENCE ID: 996664

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Stateline Medical Transportation, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
P.O. Box 1442

(Street Address)

Fort Mill, South Carolina 29716

(City, State, Zip Code)

3. The initial agent for service of process is

Demonica Dunifer

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
819 Abilene Lane

(Street Address)

Fort Mill

South Carolina 29715

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Demonica Dunifer

(Name)

819 Abilene Lane

(Street Address)

Fort Mill, South Carolina 29716

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Mar 17 2022

REFERENCE ID: 996664


SECRETARY OF STATE OF SOUTH CAROLINA

Stateline Medical Transportation, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Mar 17 2022

REFERENCE ID: 996664



SECRETARY OF STATE OF SOUTH CAROLINA

Stateline Medical Transportation, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Demonica Dunifer

Signature of Organizer

Date: 03/17/2022

Signature of Organizer

Date: _____

From: biBERK

Sent: Monday, March 21, 2022 2:52 PM

To: demonica.robinson@gmail.com

Subject: biBERK Insurance Proposal 9045748



Stateline Medical Transportation LLC

Thank you for providing biBERK the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace to do what you do best.

Commercial Auto Quote: 9045748

12 monthly payments of

**\$648.67/month (Last
month \$648.63)**

Policy Start Date 3/22/2022 Coverage for one year.

Quote pricing is valid if purchased before the policy start date.

[Review Your Quote](#)

COVERAGES

- ☒ Bodily Injury Property Damage (BIPD)
- ☒ 1 Vehicle(s) have Comprehensive/Collision
- ☒ Medical Payments
- ☒ Vehicle Underinsured Motorists
- ☒ Vehicle Uninsured Motorists

VEHICLE LIMITS

2006 DODGE GRAND CARAVAN \$1,000/\$1,000

AUTO LIABILITY LIMITS

Vehicle Uninsured Motorists \$1,000,000


Bodily Injury Property Damage (BIPD) \$1,000,000

Vehicle Underinsured Motorists \$1,000,000

Medical Payments \$1,000

Questions? Your licensed team is here to help.

 experts@biberk.com

 1-833-224-5431



Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-9PM EST

Stateline Medical Transportation LLC

Thank you for providing biBERK the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

Commercial Auto: 9945748

\$648.67

\$648.67 per month. 12 monthly payments

Yearly: \$6,999.00 (Save 10.00%)

Policy Start Date 03/22/22 Coverage for one year.
Quote pricing is valid if purchased before the policy start date.

Save \$8 per payment by selecting autopay or by paying the total policy cost.

COVERAGES

- Bodily Injury Property Damage**
- Uninsured/Underinsured Motorists**
- Medical Payments**
- 1 Vehicles Have Comprehensive/Collision**

VEHICLE LIMITS

2006 DODGE **\$1000/\$1000**

AUTO LIABILITY LIMITS

Bodily Injury and Property
Damage Liability **\$1,000,000**

Questions?

Your licensed team is here to help.

experts@biberk.com**1-844-472-0967**

Mon-Fri, 8AM-9PM EST

Why biBERK insurance?

We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims.

- Outstanding claims service
- Online certificates of insurance
- Affordable payment plans

Customer Reviews

★★★★★ 4.9/5

Calculated from customer reviews over the past 12 months.

Policy Details of Your Plans

Proud to be part of Warren Buffett's Berkshire Hathaway Company

biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-8PM EST

Your Commercial Auto Quote ID: 9045748

Coverages

Specific events trigger coverage by this policy. Coverage applies even if your vehicle is used for personal activities.

Vehicle Coverage

Comprehensive

Comprehensive pays for vehicle and glass damage due to, among other causes, theft, vandalism, explosion, and fire.

Collision

Collision pays for damages to your vehicle caused by a collision or when it overturns.

Auto Liability

Auto liability coverage pays out to other parties if the accident is your fault. Accidents can cause bodily injury or property damage.

Bodily Injury Liability

Bodily injury liability pays if you are responsible for another person's injury or death in an auto accident. It also pays for your legal defense.

Property damage liability

Property damage liability pays if you are responsible for damage to another person's property, and also pays for your legal defense.

Uninsured/Underinsured Motorist

Uninsured/Underinsured motorist coverage pays for your injuries caused by an Uninsured/Underinsured driver or a hit-and-run driver.

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Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-9PM EST

Your Commercial Auto Quote ID: 9045748

Medical Payments

This covers you, drivers of your scheduled vehicles, and passengers if they are injured in an accident, regardless of fault.

Other Coverages Not Selected

You did not choose to include these coverages in your policy:

Cargo Liability

Cargo liability covers claims against your business for damage caused to non-owned goods while they were in your care, custody, or control. Incorrect loading or improper transport is not covered.

Rental Reimbursement

Rental reimbursement pays toward expenses for a comparable rental car, truck, or trailer while repairs are being completed as a result of a covered loss. Only applies to vehicles with physical damage coverage.

Trailer Interchange

Trailer Interchange covers claims against your business for damage caused to non-owned trailers while they were in your care, custody, or control.

In-Tow/On Hook

In-Tow/On Hook liability covers claims against your business for damage caused to nonowned vehicles while they were in your care, custody, or control. Customer cargo (goods inside the towed vehicle) is optional coverage. Incorrect loading or improper transport is not covered.

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biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-9PM EST

Your Commercial Auto Quote ID: 9045748

Personal Injury Protection

Personal Injury Protection pays out medical expenses and lost income to anyone in your vehicle during an accident regardless of who is at fault.

Benefits

This policy provides specific benefits in the event of covered loss.

Vehicle Coverage

VIN#	Year, Make, Model	Coverage	Limit	Deductible
1D4GP24R96B534807	2006, DODGE, GRAND CARAVAN	Comprehensive and Collision	\$7000	\$1000/\$1000

If a limit is shown above, the most we would pay for that vehicle or trailer in any one covered loss is the lower of the stated limit, actual cash value, or repair or replacement cost. If the actual cash value (also called market value) is shown, the most we would pay is the lower amount of the actual cash value or the repair/replacement cost.

Auto Liability

\$1,000,000 Combined Single Limit

Uninsured/Underinsured Motorist

\$1,000,000 per occurrence

\$1,000,000 per occurrence

Premium

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$648.67 (12 monthly payments of \$648.67)

Yearly: \$6,999.00 (Save 10.00%)

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biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Talk to a Licensed Expert

1-844-472-0967

Mon-Fri, 8AM-8PM EST

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Your Commercial Auto Quote ID: 9045748

Contact Details

Your contact information:

Stateline Medical Transportation LLC

demonica.robinson@gmail.com

4123074612

Account manager/broker's contact information:

Application Questions & Answers

Answers I provided to biBERK are true, correct and complete to the best of my knowledge.

What is the furthest any of your vehicles travel in any one direction from their home base?

50 miles or less

Do you provide emergency response services?

No

How many auto insurance claims did your business file in the last 3 years?

0

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biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967